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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Brazil

Proposed UNFPA assistance:	$15 million, $2.5 million from regular resources and $12.5 million through co-financing modalities and/or other, including regular, resources
Programme period:	5 years (2002-2006)
Cycle of assistance:	Third
Category per decision 2000/19:	O

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	Total
Reproductive health	0.825	6.125	6.950
Population and development strategies	0.800	6.125	6.925
South-South Cooperation	0.375	0.250	0.625
Programme coordination and assistance	0.500	-	0.500
Total	2.500	12.500	15.00

BRAZIL

INDICATORS RELATED TO ICPD & ICPD+5 GOALS*

		Thresholds*
Births with skilled attendants (%)[1/]	88	≥60
Contraceptive prevalence rate (%)[2/]	77	≥55
Proportion of population aged 15-24 living with HIV/AIDS (%)[3/]	0.49	≤10
Adolescent fertility rate (per 1,000 women aged 15-19)[4/]	71.9	≤65
Infant mortality rate (per 1,000 live births)[5/]	42	≤50
Maternal mortality ratio (per 100,000 live births)[6/]	160	≤100
Adult female literacy rate (%)[7/]	83	≥50
Secondary net enrolment ratio (%)[8/]	103	≥100

***AS CONTAINED IN DOCUMENT DP/FPA/2000/14 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 2000/19.**

1/ Electronic database, World Health Organization, December, 1999.
2/ United Nations Population Division, *Levels and Trends of Contraceptive Use as Assessed in 1998* (1999).
3/ UNAIDS, *Report on the Global HIV/AIDS Epidemic*, June 2000.
4/ United Nations Population Division, *World Population Monitoring, 2000: Population, gender and development, 2001*.
5/ United Nations Population Division, *World Population Prospects: The 1998 Revision*.
6/ The World Bank, *World Development Indicators, 2000*.
7/ UNESCO, *Education for All: Status and Trends* series (1997, 1998, 1999 editions).
8/ UNIFEM, *Targets and Indicators: Selections from Progress of the World's Women* (2000), based on 1999 data from UNESCO.

Two dashes (--) indicate that data are not available.

Demographic Facts

Population (000) in 2001	172,559	Annual population growth rate (%)	1.22
Population in year 2015 (000)	201,393	Total fertility rate (/woman)	2.15
Sex ratio (/100 females)	98	Life expectancy at birth (years)	
Age distribution (%)		Males	64.7
Ages 0-14	28.8	Females	72.6
Youth (15-24)	19.9	Both sexes	68.3
Ages 60+	7.8	GNP per capita (U.S. dollars, 1998)	4630

Sources: Data are from the Population Division, Department of Economic and Social Affairs of the United Nations, *World Population Prospects: The 2000 Revision, Highlights;* GNP per capita is for the year 1998 from the UNDP, *Human Development Report 2000*, based on World Bank data (World Bank Atlas method).

N.B. The data in this fact sheet may vary from the data presented in the text of the document.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme covering the period 2002-2006 to assist the Government of Brazil in achieving its population and development goals. UNFPA proposes to fund the programme in the amount of $15 million, of which $2.5 million would be programmed from UNFPA regular resources to the extent that such resources are available. The balance would be provided through co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources. Brazil's classification was recently changed, from Category "B" to "O", under the UNFPA resource allocation criteria. This would be the Fund's third programme of assistance to Brazil.

2. The proposed programme was formulated in close consultation with governmental and non-governmental organizations (NGOs), United Nations agencies, and other donor organizations. It takes into account lessons learned from the previous country programme as well as national policies, priorities and strategies established in the Government's multi-year plan 2000-2003 and national strategies for the reduction of regional and social inequities. The program is in line with the Common Country Assessment (CCA), as well as with the United Nations Development Assistance Framework (UNDAF) for 2002-2006, currently in its final draft stage. The proposed programme would be harmonized with the programmes of UNDP and UNICEF beginning in 2002.

3. The overall goal of the proposed programme is to contribute to national and international efforts aimed at reducing poverty, inequality and violence; promoting citizenship; and improving the quality of life of the Brazilian population through interventions in the areas of population and development strategies and reproductive health. Brazil has made major advances in the years since the International Conference on Population and Development (ICPD) in 1994 in the areas of population and development, reproductive rights and health, AIDS prevention and treatment, gender equity, and advocacy. As a result, Brazilian governmental and non-governmental organizations receive many requests for technical cooperation from other countries. Yet major disparities persist among regions and social groups in Brazil, and the proposed programme seeks to provide strategic inputs to development efforts targeted to the country's underserved populations and vulnerable groups while drawing on Brazil's comparative advantages and accumulated experience to contribute to efforts in this domain in other countries throughout Latin America and the Caribbean.

4. The proposed programme was developed within the framework of a human rights approach. All the activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the ICPD Programme of Action, which was endorsed by the General Assembly through its resolution 49/128.

Background

5. According to the 2000 census, the population of Brazil is about 169 million. Annual population growth declined from 1.9 per cent in the 1980s to 1.6 per cent in the years 1991-2000. Life expectancy increased over the same period thanks to improved nutrition and the decline in infant and child mortality. The total fertility rate fell by 13.7 per cent in the 1990s, and was estimated at 2.3 children per woman in 1999. Such reductions are attributable to a broad range of complementary factors, including improved access to and quality of health services and education, rapid expansion of contraceptive use, an advanced urban transition that brought concomitant changes in cultural patterns, and a major influx of women into the labour force. The last demographic and health survey (DHS), conducted in 1996, estimated the contraceptive prevalence rate to be 76.7 per cent. Officially, the principal methods of contraception are female sterilization (40.1 per cent) and oral contraceptives (20.7 per cent), but illegal abortions, often carried out in unsafe conditions, are also known to be a major factor.

6. Despite the demographic improvements cited above, Brazil is characterized by very high levels of poverty, profound racial, gender and economic inequalities, and wide regional disparities. A 1999 study by the Applied Economic Research Institute found 34 per cent of Brazil's population (some 57 million people) to be living in poverty, with 14.5 per cent of the population (close to 25 million) living in extreme poverty – by far the largest concentration of poor people in the Western Hemisphere. Poverty is especially prevalent among blacks and mixed racial groups, which together account for 45.5 per cent of Brazil's total population. One study shows the life expectancy of blacks and mixed racial groups to be six years lower than that of the white population. Illiteracy for these groups stands at 22 per cent, compared to only 9 per cent for Brazil's white population. Such disparities also have regional dimensions: while illiteracy is a relatively low 7.8 per cent in the southern region, it is estimated at 26.6 per cent in the northeast. Moreover, the very young and very old, as well as families headed by women, are disproportionately represented among Brazil's poorest.

7. There are considerable differences among social groups with regard to reproductive health. A large segment of the female population of childbearing age does not have access to the commercial pharmacy network, Brazil's main source of contraceptives. According to a 1996 study, approximately 50 per cent of pregnancies occurring between 1990 and 1995 were unplanned, and fertility among females aged 15-19 increased by 6 per cent in the 1990s. Maternal mortality remains high: the national rate was estimated to be 64 per 100,000 live births with some regions reporting much higher rates, and it is likely that underreporting of maternal deaths is widespread.

8. An estimated 20,000 new cases of HIV/AIDS are reported every year, with the proportion of infected women growing steadily. Between 1980 and 2000, 203,353 cases were recorded, with males accounting for 74.4 per cent of all recorded infections. Nevertheless,

Brazil's successful efforts to develop and implement a national strategy for prevention, surveillance, treatment and advocacy – supported in part by the World Bank – have received worldwide attention and have generated numerous requests for assistance from other developing countries.

9. Brazil ratified the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) in 1984. In recent years, the country has seen a significant increase in the number and influence of women holding elective office. Other improvements include the promotion of equality in federal administration; the provision of credit, training, technical assistance and extension services to rural women; extension of the right to inherit and own land; legislation forbidding a pregnancy test and/or sterilization as a condition of employment; and extension of social security benefits, such as paid maternity leave and retirement, to rural female farm workers. Statistical analyses of the labour market are now calculated with a gender focus, and a number of federal initiatives aimed at promoting reproductive health and combating gender violence have made progress.

10. While there have been advances in national policies related to women's health, adolescent health, population planning, and sexually transmitted infections (STIs), including HIV/AIDS, the process of integration of these policies with family health and community health programmes has been slow. The legal, normative and regulatory frameworks needed to substantiate a rights-based approach to sexual and reproductive health are insufficiently developed, and a number of logistical problems have been identified regarding the distribution of contraceptives.

11. With respect to population and development strategies, Brazil has a large pool of available expertise and data. It has two major post-graduate training programmes in population, and its data sources are multiple, reliable and generally up to date. Yet there remain important limitations in this area, including insufficient use of socio-demographic data and analyses by decision makers in the public and private sectors, the high cost of training, and the limited utilization of demographic data and methodologies for planning purposes, especially in the country's poorest regions.

Previous UNFPA assistance

12. UNFPA assistance to Brazil began in 1973. The second country programme, for the years 1998-2001, was approved by the Executive Board in the amount of $9 million, of which $8 million was to be programmed from regular resources, with the remaining $1 million raised through co-financing and/or other resources. Due to financial constraints, the estimated total expenditure under the second country programme was reduced to $5.7 million, of which $5.3 million came from regular resources. Under co-financing modalities, UNFPA received support

from the Government of Brazil, through a cost-sharing arrangement with the Ministry of Justice, for the amount of $380,000.

13. UNFPA support in the area of reproductive health contributed to the effective incorporation of ICPD goals into the agendas of governmental and non-governmental organizations. This support was concentrated in the poorest regions of the country and aimed to provide strategic inputs to ongoing federal, state and local initiatives. Particular emphasis was given to activities that could be easily replicated. The programme's main achievements were: (a) the creation of a training and quality-of-care management model for reproductive health that was launched in 30 northeastern municipalities; (b) the development and incorporation of a multisectoral model for promoting reproductive rights and health, gender equity, citizen involvement, and self-esteem of adolescents, using social mobilization in 80 municipalities in two states; (c) development of a distance learning model for industrial workers, promoting reproductive rights and health, gender equity, citizen involvement, and self-esteem; and (d) creation of a pilot advocacy approach focused on the families of 40,000 agricultural workers in three states to promote reproductive rights and health and gender equity. UNFPA also supported reproductive health advocacy efforts, including a parliamentary commission investigation of maternal mortality, an operations research study of family planning, implementation of legal abortion assistance in the health sector, and information and training in civil society monitoring mechanisms to an estimated 10,000 trainers of trainers nationwide.

14. In the area of population and development strategies, UNFPA supported the training of government officials in the poorer regions and states and supported the use of standardized methodologies and tools among state planning organs. The programme supported advocacy efforts aimed at promoting the use of socio-demographic data in the formulation and evaluation of public policies and programmes and supported research and analysis of issues related to migration (international and national), adolescents, ageing projections, reproductive health, environment and population, population and public policy, and education in demographics. UNFPA also supported efforts by the Brazilian Government to create a common database for the MERCOSUR countries, Bolivia and Chile for census efforts now under way.

15. Among the key lessons learned from the second programme was that advocacy efforts undertaken by NGOs to incorporate reproductive health and gender issues in national policies and programmes have been highly effective and need to be sustained. Efforts limited to the technical domain, with little direct engagement of stakeholders, have proven less successful. It was also found that successful promotion of the ICPD agenda can be achieved with relatively small resources. Even modest investments in the training of state and government officials have paid large dividends in terms of awareness raising and planning efficacy.

Other external assistance

16. Since 1998, the World Bank has provided loans for the national health-care system and the prevention of HIV/AIDS at the national level in the total amount of $765 million. The Inter-American Development Bank (IDB) has provided $185 million in loans specifically for building the capacity of nurses. The United States Agency for International Development (USAID) is currently supporting HIV/AIDS prevention, social marketing of condoms, at-risk youth projects, and environmental projects in selected states and border areas with a $15.5 million investment. The Japan International Cooperation Agency (JICA) has invested $14.7 million in capacity building in the area of maternal and child health in one state, while the Department for International Development (DFID) of the United Kingdom is investing $3.5 million in health-care reform and poverty reduction in selected states.

17. According to an analysis of international cooperation projects for the period 1998-2004, United Nations agencies have mobilized resources for projects in the health sector primarily through cost-sharing arrangements with the Ministry of Health, using funds from the Government and the World Bank. Through this mechanism, UNDP executes infrastructure development and national health surveillance projects totaling $106 million; UNESCO executes the national AIDS programme with $85 million; the United Nations Office for Drug Control and Crime Prevention executes the programme for harm reduction with $33 million; the Pan American Health Organization executes programmes of the Ministry of Health in the areas of institutional development and maternal and infant health in the amount of $41 million; and UNAIDS provides annual support of $200,000 through the project acceleration fund. In addition, UNICEF proposes to support adolescent health and advocacy at the national level and in selected states through a new $13 million programme.

Proposed programme

18. The overall goal of the proposed programme is noted in paragraph 3 above. UNFPA assistance would be delivered through three subprogrammes: reproductive health, population and development strategies, and South-South technical cooperation. Gender and advocacy would be mainstreamed throughout, and all three subprogrammes would seek to achieve reduction of national disparities and consolidation of a critical mass of expertise in UNFPA's main substantive areas and, through this, the promotion of national self-reliance. All efforts would be made to ensure that limited resources are strategically oriented towards activities that can have the highest possible impact while also promoting self-reliance and sustainability.

19. The previous UNFPA programme focused a considerable part of its resources on specific target areas within high-poverty regions. The proposed programme would provide strategic support to national initiatives that have extensive potential for poverty reduction at a broader level. It would assist in identifying and analysing emerging issues in sexual and reproductive

health at all levels, formulating social programmes aimed at reducing poverty and inequities, dispersing the advances that have been made in the areas of population and reproductive health to decentralized levels, and facilitating South-South technical cooperation.

20. Reproductive health. The purpose of the reproductive health subprogramme is to contribute to: (a) enhancing the effectiveness of reproductive health programmes at federal, state, and municipal levels within the national health-care system; (b) strengthening the legal and normative frameworks supporting sexual and reproductive rights; and (c) improving the availability, accessibility and quality of sexual and reproductive heath services. Funds in the amount of $6.95 million would be allocated to this subprogramme, of which $6.125 million would be sought through co-financing modalities with the ministries of health and justice and/or other sources.

21. The first output would be improved programmes of strategic national significance in the area of reproductive health, to be achieved by fully integrating the ICPD and ICPD+5 approach in their design, implementation, monitoring and evaluation. The programme would provide technical support to decentralization efforts undertaken in the health, education and social sectors, contributing to a clearer delineation of the roles and attributions of all levels. The programme would support collaboration and communication among different components of the unified health system and would provide technical support to the system's decentralization efforts to facilitate the integration of sexual and reproductive health services and rights with a gender, race, and generational perspective. The development of more effective approaches to meeting the reproductive health needs of adolescent and adult men, based on an analysis of the social construct of masculinity in Brazil, would be another priority, as would HIV/AIDS education, gender violence prevention and gender equity programmes. Leading academic institutions would provide technical support to universities and institutes, with co-funding from governmental agencies, to help them incorporate the concepts of reproductive health, gender equity and sociocultural and user perspectives into their curricula.

22. The programme would also provide technical support to government institutions and NGOs in the technical, managerial and programmatic aspects of reproductive health. It would promote the replication of successful strategies devised during the previous programme in the areas of adolescent reproductive health, adolescent participation, advocacy, social mobilization, education, and HIV/AIDS and violence prevention, while strategies to improve clinical management and practice in reproductive health services would be adapted for dissemination. Support would also be provided to fortify national NGO networks to actively participate in social monitoring of the quality of reproductive health-related policies, services and information at all levels.

23. The second output would be strengthened legal, normative and regulatory frameworks leading to the improved exercise of reproductive and sexual rights for women, men and

adolescents, as well as to increased social mobilization in the defense of these rights. To achieve this output, the programme would provide technical assistance, in the form of national and international legal experts, to review legal frameworks designed to guarantee reproductive rights and to help construct a systematic and progressive vision of national legislation regarding reproductive rights, especially for adolescents, in accordance with international agreements regarding reproductive health and rights.

24. Support would also be given to build the capacities of specialized networks – particularly national, state and municipal committees, councils of public management, and professional and academic associations – to analyse, monitor and evaluate legal frameworks in public policy. Parliamentarians, decision makers, professional associations, academics, adolescent groups, government authorities, local leaders, people working in the media, and other influential members of society would be mobilized to advocate for improving the quality and relevance of legislative, regulatory and normative frameworks.

25. The third output would be improved access to a wide range of contraceptive methods through an improved logistics and distribution system. Technical assistance would be provided to the Ministry of Health in the logistics of contraceptive provision in order to guarantee supply at the federal, state and municipal levels and to design effective quality control systems. Support would also be given to the implementation of an initiative, begun in 2000 by a technical group for women's health, to extend access to contraceptives for the female population through the unified health system. The programme would also assist the Government in improving quality control and avoiding the disruption of supplies at state and municipal levels by: (a) improving the capacity of management professionals in the public health system; (b) undertaking a study of access to contraceptive methods by users of the unified health system; (c) developing alternative financing modalities for the acquisition of commodities at the central, state and municipal levels; and (d) formulating a plan for the development of new quality control centres at the central, state and local levels.

26. Population and development strategies. The purpose of the population and development strategies subprogramme would be to contribute to the enhanced integration of population issues into policy formulation and the planning, implementation and evaluation of development programmes at all levels. Funds in the amount of $6.925 million would be allocated to this subprogramme, of which $6.125 million would be sought through co-financing modalities with the Ministry of Justice and/or other sources.

27. The first output would be increased capacity of governmental and non-governmental organizations to assess and integrate socio-demographic dimensions into social policy formulation, planning, implementation and evaluation, giving due consideration to gender, race and generational perspectives. The programme would support formal and informal capacity-building initiatives for integration of ICPD outlooks and demographic data into planning, giving

emphasis to regions prioritized by the federal Government. The programme would also help develop databases and information systems that could provide the foundation for strategic planning and would assist various social sectors of the federal Government in integrating the ICPD perspective on the prevention of violence and the reduction of inequities into federal programmes.

28. The second output would be strengthened governmental and non-governmental population and development networks, through training and support for networks designed to analyse and disseminate information and data related to emerging issues, with a gender, race and generational perspective. The programme would provide financial and technical assistance aimed at facilitating a dialogue between academic institutions, research institutes, specialized networks and professional associations, on the one hand, and decision makers and other key social actors, including government authorities, the media, the private sector and organized civil society, on the other.

29. The third output would be dissemination of census data and analysis, particularly at the local level, using existing networks. The programme would collaborate with key partners in the provision of user-friendly data to local decision makers and would contribute to the development of improved data, methodologies and tools for the design of population development policies and programmes. Since resources for this programme would be limited, and in order to contribute to decentralization of the statistical system, new organizational relationships would be developed to leverage and mobilize joint resources by promoting dialogue with the Government and civil society.

30. South-South technical cooperation. The purpose of the South-South technical cooperation subprogramme would be contribute to development efforts in Latin American, Caribbean and Portuguese-speaking developing countries through technical cooperation programmes designed and implemented by the Brazilian Government, national governmental and non-governmental institutions, other participating governments, and UNFPA. Funds in the amount of $625,000 would be allocated to this subprogramme, of which $250,000 would be sought through co-financing mechanisms. Participating UNFPA country offices would co-finance specific projects with participating governments, and consultations to that effect have been initiated with the European Union and development banks.

31. The output would be the enhanced technical capacity of Brazilian institutions in a wide range of population and reproductive health areas to transfer expertise to other countries. Within this context, the Unit for Technical Cooperation among Developing Countries of the Brazilian Cooperation Agency (ABC) and UNFPA would engage in a process to identify the requests of participating countries. UNFPA and ABC would undertake a joint assessment to determine the interests and capacity of Brazilian institutions, researchers, academics, professionals and civil society to provide the required technical cooperation in the population field to design more

effective strategies that will help reduce poverty and inequality in the affected countries. Institutional portfolios of capacity and experience in the areas of population and development would be prepared. Through this process, effective strategies developed by Brazilian governmental institutions in these areas would be identified and geared towards developing projects that meet the specific interests and requests of participating governments. Priority would be given to the specific strategies identified by partner governments, focusing on the areas of population and development, reproductive health and rights (including of adolescents), HIV/AIDS prevention and treatment, violence prevention, poverty alleviation, dialogue between civil society and government, gender equity, legal issues and advocacy.

32. The Brazilian Government, participating governments in Latin America and Portuguese-speaking developing countries, and participating UNFPA country offices would develop technical cooperation agreements to facilitate capacity building, transfer of technology and experiences, advocacy, information exchange and dissemination, networking, and other cooperation activities. Technical agreements would be prepared for each new partnership, specifying plans for technical and financial support, and defining the objectives, outputs, strategies, and activities for each project. ABC and UNFPA would develop monitoring and evaluation strategies to support the implementation of each agreement.

33. Overall technical support would be provided, in concert with ABC, by relevant UNFPA country offices, UNFPA headquarters and Country Technical Services Support Teams. The UNFPA country office in Brazil would undertake the role of coordinating technical cooperation efforts with the Government of Brazil.

Programme implementation, coordination, monitoring and evaluation

34. The proposed programme would be implemented under a national execution modality through governmental and non-governmental institutions and the private sector, under the supervision of ABC. ABC is the national counterpart of UNFPA in the country for formal negotiation of programme activities. ABC would continue to rely on the support of an advisory committee, created in 1996, composed of representatives from governmental and non-governmental organizations, in the areas of population and development strategies and reproductive health. This advisory committee would act as the technical focal point, advising ABC on the formulation, monitoring, and evaluation of the programme. Annual meetings would be held for the monitoring of subprogrammes, and a midterm review of the overall programme would be conducted in the third quarter of 2003.

35. ABC and UNFPA would sign an amendment to the technical cooperation agreement signed in 1988, which is the ongoing basis for the development of multilateral agreements for the South-South cooperation subprogramme. UNFPA and ABC would explore funding opportunities from multi-bilateral donors, including the IDB, the European Union, the African

Development Bank and the World Bank. UNFPA would assist the Brazilian Government in developing technical cooperation and technical monitoring of projects developed in the priority regions.

36. Programme implementation would be monitored and evaluated in accordance with established UNFPA guidelines and procedures. The results-based management methodology would be used for programme monitoring, and national experts would be the main source of technical assistance. Technical assistance would also be sought from the UNFPA Country Technical Services Team based in Mexico City and UNFPA headquarters.

37. The UNFPA country office is composed of a Representative, two National Programme Officers, and support staff. Under the proposed programme, the amount of $500,000 from regular resources would be allocated for programme coordination and assistance.

Recommendation

38. The Executive Director recommends that the Executive Board approve the programme of assistance to the Government of Brazil, as presented above, in the amount of $15 million for the period 2002-2006, $2.5 million of which would be programmed from UNFPA regular resources to the extent that such resources are available, with the balance of $12.5 million to be sought through co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources.

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